FORM D

PROCESSED

SEP 112008

THONISON REUTERS

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL	ì
OMB Number:	٦
Expires:	1
Estimated average burden	١
hours per response	1

SEC USE ONLY						
Prefix	Serial					
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	 	SEC Mail Processing
Name of Offering (check if this is an amendment and name	has changed, and indicate change.)	Section
Wrightwood Capital High Yield Investors II LP		
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Ru	le 505 🗹 Rule 506 🔲 Section 4(6) 🗀 ULC	SEP 057NAR
Type of Filing: ☐ New Filing ☑ Amendment		• · ·
A. I	BASIC IDENTIFICATION DATA	Washington, DC
1. Enter the information requested about the issuer		711
Name of Issuer (check if this is an amendment and name h	as changed, and indicate change.)	
Wrightwood Capital High Yield Investors II LP		
	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Two North LaSalle Street, 9th Floor, Chicago, IL 60602		312-324-5910
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Real estate-related investments		
Type of Business Organization		
☐ corporation ☑ limited partners	ship, already formed	please s
☐ business trust ☐ limited partners	ship, to be formed	08059542
	Month Year	0000042
	0 5 0 7 ☑ Actual □	Cationaga
Actual or Estimated Date of Incorporation or Organization:	0 5 0 7 ⊠ Actual □	Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service a	abbreviation for State:
	CN for Canada; FN for other foreign	jurisdiction)
GENERAL INSTRUCTIONS		
Federal:		
Who Must File: All issuers making an offering of securities in U.S.C. 77d(6)	n reliance on an exemption under Regulation	D or Section 4(6), 17 CFR 230.501 et seq. or 15
When To File: A notice must be filed no later than 15 days af and Exchange Commission (SEC) on the earlier of the date it on which it is due, on the date it was mailed by United States	is received by the SEC at the address given b	
Where To File: U.S. Securities and Exchange Commission, 4	50 Fifth Street, N.W., Washington, D.C. 205	49
Copies Required: Five (5) copies of this notice must be filed be photocopies of the manually signed copy or bear typed or p	with the SEC, one of which must be manuall printed signatures.	y signed. Any copies not manually signed must
Information Required: A new filing must contain all informat changes thereto, the information requested in Part C, and any Appendix need not be filed with the SEC.		
Filing Fee: There is no filing fee.		
State:		

ATTENTION

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

1

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

- Eden general and managing partner of partnership issuers.									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual)									
Wrightwood Capital LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Two North LaSalle Street, 9th Floor, Chicago, IL 60602									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual).									
Wrightwood Capital High Yield Partners II GP LLC									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Two North LaSalle Street, 9th Floor, Chicago, 1L 60602									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual)									
Cohen, Bruce R.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Two North LaSalle Street, 9th Floor, Chicago, IL 60602									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual)									
Friedman, David J.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Two North LaSalle Street, 9th Floor, Chicago, IL 60602									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual)									
Moore, Terrence D.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Two North LaSalle Street, 9th Floor, Chicago, 1L 60602									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual)									
Hays, Sara L.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Two North LaSalle Street, 9th Floor, Chicago, IL 60602									
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/o	or Managing Partner								
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

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B. INFORMATION ABOUT OFFERING														
													Yes	No
1.	Has the	issuer solo	i, or does t	he issuer in	itend to sell	, to non-ac	credited in	vestors in	this offeri	ng?		••••••	🛘	☑
Answer also in Appendix, Column 2, if filing under ULOE														
2. What is the minimum investment that will be accepted from any individual? *(lesser amounts may be accepted at the discretion of the general partner)										\$10,00	0,000*			
		·		·									Yes	No
3. Does the offering permit joint ownership of a single unit?										🗹				
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or														
similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the														
	broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Nam			f individua		Oilly.									
	l Real Est			,										
				er and Stree	et, City, Sta	te, Zip Co	de)							
			r, New Yo		-	•								
Name of	Associate	d Broker	or Dealer											
			 										 	
					ends to Sol							.		
(Che														
	[AL]	[AK]	[AZ]	[AR]	[CA]Ø	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]☑	(HI)	[ID]	
	[IL]☑	[IN]	[IA]	[KS]	(KY)	[LA]Ø	[ME]	[MD] [NC]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ] (TV)	[NM]	[NY]☑		[ND]	[OH]☑	(OK)	[OR]	[PA] [PR]	
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [P. Full Name (Last name first, if individual)										[1 10]				
				,										
Business	or Reside	nce Addre	ess (Numbe	er and Stree	et, City, Sta	te, Zip Co	de)							
N1	Associate		IX							· · · · ·				
Name of	Associate	u Broker	or Dealer											
States in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to Sol	icit Purcha	sers							
(Che	eck "All S	States" or	check indiv	idual State	:s)							🗅 A	All States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[N]]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[17]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam	e (Last na	ıme first, i	f individua	ıl)										
Business	or Reside	nce Addre	ess (Numbe	er and Stree	t, City, Sta	te. Zin Co	de)					· · · · · · · · · · · · · · · · · · ·		
							,							
Name of	Associate	d Broker	or Dealer	•		•								
States in	Which Pe	rson Liste	d Has Soli	cited or Int	ends to Sol	icit Purcha	sers							
(Che	eck "All S	tates" or	check indiv	idual State	s)					******		🗆 A	All States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[141]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold.

Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security

Aggregation Aggregation of the securities of the

	Type of Security	,	Aggregate Offering Price	A	mount Already Sold
	Debt		-	\$	-0-
	Equity			<u>s</u> S	-0-
		<u>.j</u>	-0-	3	-0-
		•	0	•	
	Convertible Securities (including warrants)			<u>}_</u>	-0-
	Partnership Interests *(The ultimate aggregate offering amount accepted by the Fund will be determined in the discretion of the general partner. In addition, the aggregate offering price is allocated to various related parallel funds.)	<u>z</u>	250,000,000*	<u>s</u>	15,250,000
	Other (Specify)	<u>s</u>	-0-	<u>s</u>	-0-
	Total	\$	_250,000,000	\$	15,250,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
•	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number		Dollar Amount
			Investors		of Purchases
	Accredited Investors	_	38	<u>s</u>	15,250,000
	Non-accredited Investors	_	-0-	<u>s</u>	-0
	Total (for filings under Rule 504 only)	_	N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
1	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of	[Dollar Amount
			Security		Sold
	Rule 505	_		<u>\$</u>	
	Regulation A	_		\$	
	Rules 504	_		<u>s</u>	
	Тота!	_		<u>s</u>	
	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		☑	1 <u>\$</u>	-0-
	Printing and Engraving Costs		<u>2</u>	<u>s_</u>	2,329
	Legal Fees		🗹	1 <u>\$</u>	77,176
	Accounting Fees		<u>@</u>	1 \$	3,692
	Engineering Fees				-0-
	Sales Commissions (specify finders' fees separately)				1,707,432
	Other Expenses (identify) filing fees				1,000
	Total			اد	1 701 679

total exp	penses furnished in response to Part C - Quest	ate offering price given in response to Part C- Question 1 antion 4.a. This difference is the "adjusted gross proceeds to the	e			<u>\$</u>		48,208,371
5.	Indicate below the amount of the adjusted to of the purposes shown. If the amount of ar	gross proceeds to the issuer used or proposed to be used for e by purpose is not known, furnish an estimate and check the b yments listed must equal the adjusted gross proceeds to the is	ach ox to					
				Di	nyments to Officers, irectors, & Affiliates		P	ayments to Others
	Salaries and fees		Ø	<u>s</u>	-0-	Ø	<u>s</u>	-0-
	Purchase of real estate		✓	<u>\$</u>	-0-		<u>s_</u>	-0-
	Purchase, rental or leasing and installation	of machinery and equipment	Ø	<u>s</u>	-0-	\square	<u>s</u>	-0-
	Construction or leasing of plant buildings a	and facilities	Ø	<u>\$</u>	-0-	Ø	<u>\$</u>	-0-
		the value of securities involved in this offering that may be s of another issuer pursuant to a merger)		\$ -0-		☑	<u>\$</u>	-0-
	Repayment of indebtedness			<u>\$</u>	-0	✓	<u>\$</u>	-0-
	Working capital		Ø	<u>s</u>	-0-	☑	<u>s</u>	248,208,371
	Other (specify):		Ø	<u>\$</u>	-0-	☑	<u>s</u>	-0-
	Column Totals		☑	<u>\$</u>	-0-	☑	<u>\$</u>	248,208,371
-	Total Layinens Elsted (column totals adde	D. FEDERAL SIGNATURE			☑ <u>\$ 248</u>	.200		, ,
constitut		the undersigned duly authorized person. If this notice is fil the U.S. Securities and Exchange Commission, upon written pursuant to paragraph (b)(2) of Rule 502.						
	Print of Type) wood Capital High Yield Investors II LP	Signature Date Augus	t 18	, 2008	1			
	f Signer (Print or Type) ee D. Moore	Title of Signe (Point or Type) Authorized Signatory for Wrightwood Capital High Yic partner of the Issuer	ld I	ivesto	ors II GP LI	LC,	the g	general

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

CND